

12-21-04 08:28 FROM Merchant & Gould

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10/705607

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Fax Transmission | December 21, 2004

TO: Commissioner for Patents
Attn: Examiner K. Schulerbrandt
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Joshua N. Randall
OUR REF: 12929.1106US01
TELEPHONE: 612.371.5387

Total pages, including cover letter: 11

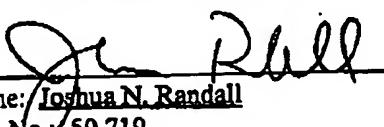
PTO FAX NUMBER 1.703.872.9306

If you do NOT receive all of the pages, please telephone us at 612.336.4664, or fax us at 612.332.9081.

Title of Document Transmitted: AMENDMENT

Applicant: HOLT ET AL.
Serial No.: 10/705,607
Filed: NOVEMBER 10, 2003
Group Art Unit: 3632
Our Ref. No.: 12929.1106US01
Confirmation No. 4697

Please charge Deposit Account No. 13-2725 in the amount of \$50 for one additional dependent claim. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

By: 
Name: Joshua N. Randall
Reg. No. 50,719

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Signature

December 21, 2004
Date

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PAGE 1/11 * RCVD AT 12/21/2004 9:28:30 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/1 * DNI:8729306 * CSID:6123329081 * DURATION (mm:ss):03:18

01/11/2005 DNASH1 00000003 132725 10705607
01 FC:1202 50.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number

10705607

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	21	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	21 minus 20 = *	1
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE

RATE	FEES
BASIC FEE	385.00
X\$ 9=	
X43=	
+145=	
TOTAL	

OTHER THAN
OR SMALL ENTITY

RATE	FEES
BASIC FEE	770.00
X\$18=	18
X86=	
+290=	
TOTAL	788

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	* 22	Minus	** 21	= 1		
Independent	* 3	Minus	*** 3	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

1 9 18

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
XS 9=		50	50
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	100

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	*.	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	100

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
					RATE	ADDITIONAL FEE
Total	*	Minus	**	=		
Independent	*	Minus	***	=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		<input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		X\$18=	
X43=		X86=	
+145=		+290=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	100

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.